

## PART B—ISSUE FEE TRANSMITTAL

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HM12/0824

KILPATRICK STOCKTON LLP  
ATTN: JEFFERY B. ARNOLD  
1100 PEACHTREE STREET  
SUITE 2800  
ATLANTA GA 30309-4530

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Reg. No. 45,851

(Depositor's name)

(Signature)

(Date)

November 20, 2001

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/545,139	04/07/00	090	GOLDBERG, J	1614 08/24/01
First Named Applicant	D AMATO,		35 USC 154(b) term ext. =	0 Days.
TITLE OF INVENTION METHODS AND COMPOSITIONS FOR INHIBITION OF ANGIOGENESIS WITH EM-138				
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY
05213-0650	514-416.000	L02	UTILITY	YES <i>670.00</i> <del>\$620.00</del> 11/26/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Kilpatrick Stockton LLP*

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

The Children's Medical Center Corporation

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Boston, MA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

 individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee  
 Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

11/20/2001

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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